

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☐ EXISTING POSITION ☐ UNCLASSIFIED

Part I - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name		9. Position No.	10. Budget Program Number		Agency Number
2. Employee Name (leave blank if position vacant)			11. Present Class Title (if existing position)		
3. Division			12. Proposed Class Title		
4. Section		For Use By Personnel Office	13. Allocation		
5. Unit			14. Effective Date		Position Number
6. Location (address where employee works)			15. By	Approved	
City County					
7. (circle appropriate time) Full time Perm. Inter. Part time Temp. %		16. Audit Date: By: Date: By:			
8. Regular hours of work: (circle appropriate time) FROM: AM/PM To: AM/PM		17. Audit Date: By: Date: By:			

PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

Name

Title

Position Number

Who evaluates the work of an incumbent in this position?

Name

Title

Position Number

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

What is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	
		The purpose of this position is to increase employment opportunities within a region while also providing intensive case management to TANF mandatory work participants leading to employment.
45%		Duties of this position include planning, coordinating and supervising the activities of participants enrolled in the TANF mandatory work program by interfacing with clients to gather initial information, develop individualized work plans and provide intensive case management while coordinating a network of services the client needs to become self-sufficient. At times, the position calls for work with non-motivated, unresponsive recipients and the incumbent must have strong counseling skills to assess how to overcome participant barriers to improve responsiveness and compliance with the program. The position will provide and/or assist with work program orientation. Maintains participant records, data entry and case note activities for reporting purposes.
5%		Assists in planning, coordinating and developing employment and training opportunities for work program participants. Develops a working knowledge of and working relationships with employers, community agencies and resources, as well as other state and local programs in order to assist clients in accessing these opportunities. Provides information to community agencies and the general public about services. This may include serving on advisory boards, public speaking and one-on-one contact with other professionals.
5%		Assists the regional employment services coordinator in implementing Employer Development activities that are region specific, in order to meet the performance outcomes for the TANF Work Program. Assists the regional employment services coordinator in identifying and/or implementing job fairs, hiring events and other client opportunities. Submits openings and other employment information for televised display in DCF service center lobbies.
45%		This position advocates for the participants in assessing their needs, exploring alternatives and referring the participants to appropriate services within and outside the agency to address individual client needs by working with local staff, employers, other State Agencies, and community partners to coordinate services to avoid duplication and enhance mutual outcomes.

22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:

- ☐ () Lead worker assigns, trains, schedules, oversees, or reviews work of others.
- ☐ () Plans, staffs, evaluates, and directs work of employees of a work unit.
- ☐ () Delegates authority to carry out work of a unit to subordinate supervisors or managers.

b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Name

Title

Position Number

23. Which statement best describes the results of error in action or decision of this employee?

- () Minimal property damage, minor injury, minor disruption of the flow of work.
- (X) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- () Major program failure, major property loss, or serious injury or incapacitation.
- () Loss of life, disruption of operations of a major agency.

Please give examples.

24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

This position involves daily contact with agency clients and employees. Very frequent contact with employers, other social service agencies, community resource agencies, governmental officials, and the general public in order to enhance successful employment opportunities for clients. Makes referral to and coordination of access to other services within the community for clients.

25. What hazards, risks or discomforts exist on the job or in the work environment?

Upon occasion, physical harm may be threatened or attempted by hostile, angry or upset customers when dealing with issues of employment and placement. Long periods of time may be spent on a computer and various computer systems.

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

Computers, telephone systems, fax, calculator and copy machine are used daily. Some positions may require the use of a vehicle (private or state owned) in traveling to offices to provide services to customers.

PART III - To be completed by the department head or personnel office

27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education - General

Education or Training - special or professional

Licenses, certificates and registrations

Must obtain and maintain Security Clearance.

Special knowledge, skills and abilities

Experience - length in years and kind

Work experience with job placement and/or employer development. Work experience in determining eligibility for Human Service programs.

28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Signature of Employee Date

Signature of Personnel Official Date

Approved:

Signature of Supervisor Date

Signature of Agency Head or
Appointing Authority Date